

DEPARTMENT OF AGING

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PROGRAM MEMO

TO: Area Agencies on Aging (AAA)	NO.: PM 01-18 (P)
SUBJECT: FAMILY CAREGIVER SUPPORT PROGRAM (Title III E) Revised Budget Forms, Budget Instructions, and Program Guidelines	DATE ISSUED: December 27, 2001
REVISED:	EXPIRES: Until Superseded
REFERENCES: PM 01-10 (P), PM 01-11 (P)	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input checked="" type="checkbox"/> Title III-E <input type="checkbox"/> Title III-F <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: Revised Forms	
INQUIRIES SHOULD BE DIRECTED TO: Your Assigned AAA-Based Team	

The purpose of this Program Memo (PM) is to transmit master copies and instructions for completing the Title III E Budget (CDA 269), to notify AAAs of the due date for the revised CDA 269, and to clarify matching requirements.

Budget Forms and Instructions

The CDA 269 has been revised to incorporate a new Page 6, "Schedule of Caregiver Support Services (III E) Contractors." On this page, AAAs are required to provide detailed information on individual service providers for each service category funded on Page 5 of the CDA 269 (refer to the Service Matrix included as part of PM 01-10(P) and PM 01-11(P)).

Local Public Agency Matching Requirements

The Older Americans Act requires, that for each Fiscal Year (FY), not less than 25 percent of the non-federal share (matching requirement) shall be met from State or local public sources. The Department is providing 8.33 percent of the non-federal share for Title III E program costs in FY 2001-02. This amount is sufficient to ensure that, **for FY 2001-02 only**, at least 25 percent of the non-federal share is met from State or local public sources. AAAs should continue to report all local



public agency match on the CDA 269; however, individual AAAs will not be penalized for not meeting this requirement.

Service Unit Plan (SUP)

The Title III E SUP form was transmitted to AAAs with PM 01-10 (P). AAAs must submit a new SUP, with the revised budget. As stated in PM 01-11 (P), personal care was removed from supplemental services in the final version of the Service Matrix. Personal care services are incorporated under the service category, "Respite Care Services."

Budget Revisions

A revised CDA 269 and a new SUP are due to your AAA-Based Team **no later than Thursday, January 31, 2002**. The revised CDA 269 should be based on your original Title III E Budget Display.

Original signed by Lynda Terry

Lynda Terry
Director

Attachments

**INSTRUCTIONS FOR PREPARING
THE TITLE III E BUDGET
(CDA 269 Rev 12/01)**

PAGE 1 – BUDGET SUMMARY-BUDGETED COSTS

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

Cost Categories: The lines in this section list the allowable cost categories for reporting budgeted costs for Title III E programs. The columns separate the budgeted costs by total, administration, and support services.

Lines 1 through 10

Enter the costs directly incurred by the Area Agency. These should include Area Plan Administration, Service Information, III E Access, Caregiver Support, III E Respite, and Supplemental Services.

Line 11

Enter the total cost of contracted services.

Line 12 Total Area Plan Costs

Add the amounts on line 10 to the amounts on line 11, and enter the Total Area Plan Costs separating cash from in-kind.

Line 13 Total Cash & In-Kind

Add the cash and in-kind amounts reported on line 12, and enter the total cash & in-kind for each of the columns (a) through (g).

Page 2 – BUDGETED FUNDING & MATCHING CONTRIBUTIONS

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g., FC 0102-34).

SECTION A – Funding Sources: The lines in this section list the allowable sources of funding which may be used to cover the budgeted costs on Page 1. The columns separate the budgeted funding by total, administration, and support services. Cash costs on Page 1 must equal cash funding on Page 2, in-kind costs on Page 1 must equal in-kind funding on Page 2,

by column. The totals of columns (a) through (g) on Page 2 must equal the totals of columns (a) through (g) on Page 1.

Line 1 Grant Related Income

Enter on this line in the appropriate column the amount of income generated as a result of a Title III E service. Do not include interest earned on grant funds.

Line 2 Non-Matching Contributions

Enter on this line local funding that does not qualify as matching contributions and/or is not being budgeted as matching contributions. (e.g. Title V, Title XX, over match). Include interest earned on grant funds.

Line 3 State Funds

Enter on this line the amounts of State funding from General Funds. The amount budgeted cannot exceed the amount allocated on the latest Title III E Budget Display.

Line 4 Matching Contributions

Enter on this line in the appropriate column, funds qualifying as matching or cost sharing funds. Include cash and/or in-kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant related income.

Line 5 Federal Funding Grandparent

Enter on this line in the appropriate column the Title III E federal funds to be expended for Grandparent and other relative caregivers. Section 373 (g)(2)(C) of the OAA limits expenditures to no more than 10% of the federal and non-federal share to provide support services to grandparents and older individuals who are relative givers. The maximum amount limitation is identified on the Title III E Budget Display.

Line 6 Federal Funding Other

Enter on this line in the appropriate column the Title III E federal funds to be expended for all other caregivers (do not include Grandparent). Line 5 and Line 6 must equal the federal allocation on the Title III E Budget Display.

Line 7 Total Area Plan Funding

Add the amounts on lines 1 through 6 and enter the total Area Plan funding separating cash from in-kind.

Line 8 Total Cash and In-kind

Add the cash and in-kind amounts on line 7 and enter the total cash & In-kind for each of the columns (a) through (h).

SECTION B – MINIMUM MATCHING REQUIREMENTS

In this section calculate the minimum matching requirements for Area Plan Administration and Title III E Support Services.

Area Plan Admin

To calculate the minimum matching requirement for Area Plan Admin use the following formula:

Line 1 Costs to be matched:

Page 1 column (b) line 13 minus Page 2 column (b) lines 1 through 3.

III E Support Services

To calculate the minimum matching contributions requirement for III E Support Services use the following formula:

Line 1 Costs to be matched:

Page 1 line 13 column (c) plus column (d) plus column (e) plus column (f) plus column (g), minus Page 2 lines 1 through 3 column (c), column (d), column (e), column (f), and column (g).

Line 3 Minimum Required Match

Multiply Line 1 times line 2 and enter the amount on Line 3 for column (a) and column (b). Add column (a) to column (b) and enter the total in column (c).

Line 4 Required Local Public Matching

Multiply the Total column (c) on line 3 by 25%. This is the minimum amount of local match

that must be provided by local public agencies. Local public agencies include Cities, Counties, and Municipals.

Section C - Area Plan Administration Matching Contributions: List the agencies contributing matching funds to the Area Agency for its own administration. Provide a breakdown between cash & in-kind funding.

Section D - Local Public Agencies: List the local public agencies contributing matching funds to satisfy the requirement in Section B above. Provide a breakdown between cash & in-kind. List agencies providing funding to the Area Agency and or service providers. Local public agencies providing matching contributions for Area Plan Administration may be listed in both section C and section D.

PAGE 3 - TITLE III E PROGRAMS-ADMIN & DIRECT SERVICES SCHEDULE OF PAID PERSONNEL COSTS

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g. FC 0102-34).

Position Title: List each paid staff person, the percentage of time spent and the amount of funds budgeted for Administration and or any direct services provided by the Area Agency, and the percentage of time spent and funds budgeted for non-Title III E support services. The Total Title III E percentage added to the Non-Title III E percentage should not exceed 100 percent. Enter the amount of payroll taxes and employee benefits on the appropriate line. Add Total Salaries, Payroll Taxes, and Employee Benefits, and enter the total on the Total Paid Personnel line for each column.

SCHEDULE OF IN-KIND PERSONNEL COSTS

Position Title: List each in-kind staff person, the percentage of time spent and the amount of in-kind funds budgeted for Administration and or any direct services provided by the Area Agency, and the percentage of time spent and in-kind funds budgeted for non-Title III E support services. The Total Title III E percentage added to the Non-Title III E percentage should not exceed 100 percent. Add Total Salaries, Payroll Taxes, and Employee Benefits, and enter the total on the Total In-kind Personnel line for each column.

PAGE 4 SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g. FC 0102-34).

Service Categories: Complete this part for all Title III E service categories the Area Agency

TITLE III E BUDGET INSTRUCTIONS

Page 5

provides as a direct service. This page is divided into the five support services identified in the OAA Amendments of 2000. Within each support service, allowable service categories are

listed. It is not necessary that all service categories be provided.

Total Service Information

In columns (a) through (h), enter the total amount of Outreach and Community Education budgeted.

Total III E Access

In columns (a) through (h), enter the total amount of Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation budgeted.

Total Caregiver Support

In columns (a) through (h), enter the total amount of Counseling, Caregiver Support Group, and Caregiver Training budgeted.

III E Respite Care Services

In columns (a) through (h), enter the total amount of III E Respite Care Services budgeted.

Total Supplemental Services

In columns (a) through (h), enter the total amount of Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA) budgeted.

PAGE 5 SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g. FF 0102-34).

Service Categories: Complete this part for all Title III E services the Area Agency contracts out. This page is divided into the five support services identified in the OAA Amendments of 2000. Within each support service, allowable service categories are listed. It is not necessary that all service categories be provided.

Total Service Information

In columns (a) through (h), enter the total amount of Outreach and Community Education budgeted.

Total III E Access

In columns (a) through (h), enter the total amount of Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted

Transportation budgeted.

Total Caregiver Support

In columns (a) through (h), enter the total amount of Counseling, Caregiver Support Group, and Caregiver Training budgeted.

III E Respite Care Services

In columns (a) through (h), enter the total amount of III E Respite Care Services budgeted.

Total Supplemental Services

In columns (a) through (h), enter the total amount of Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA) budgeted.

PAGE 6 SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E) CONTRACTORS

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g. FF 0102-34).

On this page, provide detailed information on individual service providers. Title III E service providers and contract numbers should be listed in the far-left section of the page. Enter the service being provided. Columns (a) through (h) on page 6 correspond with columns (a) through (h) on page 5. The Total III E Contracted Services line on page 6 must agree with the Total III E Contracted Services line on page 5.

Title III E Budget

AREA AGENCY ON AGING_____

BUDGET PERIOD_____

☐ ORIGINAL BUDGET

PSA NO:_____

☐ REVISION NUMBER:_____

DATE:_____

I hereby certify to the best of my knowledge and belief that this Title III E Budget reflects the necessary, reasonable, and allowable costs to attain the objectives and goals expressed in the Area Plan. **Federal funds for Title III E will not be used until a review of current needs and services has been made.** I further certify that this budget was reviewed by the Advisory Council and approved by the Governing Board, that the budget was available for review by all interested parties, and that the amounts displayed are accurate and correct including supporting schedules.

SIGNATURE OF AREA AGENCY DIRECTOR	PRINTED NAME	DATE
>		
FOR STATE USE ONLY		
AAA-BASED TEAM ANALYST	DATE	TEAM COACH
>	>	

TITLE III E BUDGET**TITLE III E BUDGET SUMMARY**

CDA 269 (Rev 12/01) Page 1

BUDGETED COSTS

PSA NO.:

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:				GRANT NO.:		DATE:
COST CATEGORIES		(a) Total Amount Budgeted	(b) Area Plan Admin	(c) Service Information	(d) III E Access	(e) Caregiver Support	(f) III E Respite	(g) Supplemental Services
1. Personnel (+)	CASH							
	IN-KIND							
2. Staff Travel (+)	CASH							
	IN-KIND							
3. Staff Training (+)	CASH							
	IN-KIND							
4. Equipment (+)	CASH							
	IN-KIND							
5. Consultants (+)	CASH							
	IN-KIND							
6. Food Costs (+)	CASH							
	IN-KIND							
7. Other Costs (+)	CASH							
	IN-KIND							
8. DIRECT AREA	CASH							
AGENCY COSTS (=)	IN-KIND							
9. Indirect or Grantee Allocated Costs (+)	CASH							
	IN-KIND							
10. TOTAL AREA	CASH							
AGENCY COSTS (=)	IN-KIND							
11. Cost of Contracted Services (+)	CASH							
	IN-KIND							
12. TOTAL AREA	CASH							
PLAN COSTS (=)	IN-KIND							
13. TOTAL CASH & IN-KIND								

TITLE III E BUDGET SUMMARY

BUDGETED FUNDING & MATCHING CONTRIBUTIONS

PSA NO.:

DATE:

BUDGETED FUNDING

SECTION B

MINIMUM MATCHING REQUIREMENTS			
ITEM	(a) Area Plan Admin	(b)III E Support Services	(c) Total
1. Costs to be Matched			
2. Required Matching Percentages	25%	18.18%*	
3. Minimum Required Match			
4. Required Local Public Agencies Matching Contributions = Line 3 x 25%			

COSTS TO BE MATCHED INSTRUCTIONS:

Area Plan Admin Costs to be Matched Calculation:
Pg 1 col (b) Line 13 minus Pg 2 col (b) Lines 1 through 3

Total III E Costs to be Matched Calculation:
Pg 1 Line 13 col (c) + col (d) + col (e) + col (f)+col (g)
minus Pg 2 Lines 1 through 3 col (c), col (d), col (e), col (f), & col (g)

*-Minumum % needed to ensure AAAs contribution is
2/3 of required match.

SECTION D

LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS
(Local Public Agencies Must Contribute At Least 25% of Total Minimum Match)

[illegible]

5. TOTAL

6. TOTAL

TITLE III E PROGRAMS-ADMIN & DIRECT SERVICES

PSA NO.:

SCHEDULE OF PAID PERSONNEL COSTS

[illegible]

TITLE III E BUDGET

SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)								PSA NO.:
BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:			GRANT NO.:		DATE:	
SERVICE CATEGORIES	(a) Total Budgeted Costs	(b) Grant Related Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
Outreach								
Community Education								
Total Service Information								
Information & Assistance								
Comprehensive Assessment								
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
Minor Home Modification								
Placement								
Homemaker								
Chore								
Home Security and Safety								
Visiting								
Assistive Devices								
Home Delivered Meals								
Legal Assistance								
Other:								
Other:								
Total Supplemental Services								
TOTAL III E								
DIRECT SERVICES								

